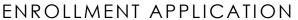


LODI POLICE DEPARTMENT'S

CITIZEN'S POLICE ACADEMY





	Date:
Home Address:	
Home Phone:	Work Phone:
Cell Phone:	Email:
Employer:	Occupation:
Work Address:	
Drivers License #:	Date of Birth:
Brief explanation why you would like to participate in the Citizen's Academy.	
Have you ever been arrested or convict	ted of a crime? If yes, please explain.
Please supply the name and address of	two character references:
1	
2	

ELIGIBILITY REQUIREMENTS

Applicants for the Citizen's Academy must meet the following criteria:

- ♦ Live or work within the City of Lodi
- Be at least 18 years of age
- Have no felony convictions and no misdemeanor convictions within three years prior to application

Requirements may be waived or modified upon review and approval of the Chief of Police

I understand that participation in the Lodi Police Citizen's Academy may provide access to facilities, areas and equipment not generally available to the public. The information provided above will be verified and a criminal record check will be completed. I authorize the Lodi Police Department to use the provided information to verify that I am not the subject of an on-going criminal investigation, am not involved in civil litigation with the City of Lodi and I do not have any felony convictions or misdemeanor convictions within the past three years.

Signature: ______ Date: _____

Mail, deliver or email completed application to:
Lodi Police Department Citizen's Academy
ATTN: Sgt. Mitch LeStrange
215 W. Elm Street, Lodi, CA 95240
mlestrange@lodi.gov